

Work Order ID 71435

Monday, July 04, 2011 11:47:35 AM



Page 1

Item ID: D350-636-215

Accept



Setup Start



Revision ID:

Stop



Item Name: Skidtube STD LH, Deluxe

Start Date: 7/5/2011 Start Qty: 1.00



Cust Item ID:

Required Date: 7/19/2011 Req'd Qty: 1.00

Customer:

Reference:

Approvals: Process Plan: MF Date: 11-07-04 Tooling: _____ Date: _____

Run Start



QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Stop



Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
Draw Nbr	Revision Nbr								
IIN-D350-636	H								

100

0.00



DC

Document Control

Memo

0.00

Photocopy bluefile & type labels per PPPD350-636-215 CHG002

Sulor 11/4

Agfor BG 11-9-14

110

Assemble as per dwg

0.00



HandFinish

Hand Finishing

Memo

0.00

1- Assemble Toe kit, Wedge kit and Tow ring kit to D350-636-015 as per IIN-D350-636 page:15-16-17-20

SA 11/09/12

1

120

QC5- Inspect part completeness to step on W/O

0.00



QC

Quality Control

Memo

0.00

Sulor 11/3

B71435

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries

Work Order ID 71435

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Item ID: D350-636-215

Accept



Setup Start



Revision ID:

Stop



Item Name: Skidtube STD LH, Deluxe

Start Date: 7/5/2011 Start Qty: 1.00



Cust Item ID:

Required Date: 7/19/2011 Req'd Qty: 1.00



Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run Start



QC:

Date:

SPC (Y/N):

Date:

Stop

Sequence ID/
Work Center IDOperation
DescriptionSet Up/
Run Hours

Tool ID

Tool #

Plan
CodeAccept
QtyReject
QtyReject
NumberInsp.
Stamp

150

0.00



Packaging

Memo

0.00

Packaging

Identify and pack for shipping as per PPP D350-636-215

Location: A3
PPP rev: A

11/9/16

160

QC21- Final Inspection - Work Order Release

0.00



QC

Memo

0.00

Quality Control

11/9/19
ME
11-09-16

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries

Picklist Print

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Work Order ID: 71435

Parent Item: D350-636-215

Parent Item Name: Skidtube STD LH, Deluxe

Start Date: 7/5/2011

Required Date: 7/19/2011

Start Qty: 1.00

Required Qty: 1.00

Comments: IPP Rev:A 10.10.04 new issue DD verf:EC
11.04.14 ecn11-553 DD verf:EC

IPP Rev:B

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
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D350-636-015 Manufactured No



Skidtube STD w/ Training Wearplates, LH

D350-636-101 Manufactured No



Toe Step, LH/RH

Location

Loc Qty

Loc Code

FG021

12

67316

2

68368

3

69997

7

D350-636-105A Manufactured No



Wedge Installation

Location

Loc Qty

Loc Code

FG021

7

67317

4

68365

3

D350-636-109 Manufactured No



Tow Ring Installation

Location

Loc Qty

Loc Code

FG022

5

68742

1

70576

4

B71426 (x1) M 11/09/13
B71347-S

B71604

11/9/88

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

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